

Application No.: 09/430,029

Filed: October 29, 1999

For: DNA FRAGMENT CARRYING TOLUENE
MONOOXYGENASE GENE, RECOMBINANT
PLASMID, TRANSFORMED MICROORGANISM,
METHOD FOR DEGRADING CHLORINATED
ALIPHATIC HYDROCARBON COMPOUNDS

Transmitted herewith is an Amendment in the above-identified application.

-AND AROMATIC COMPOUNDS, AND METHOD FOR ENVIRONMENTAL

REMEDIATION

Sir:

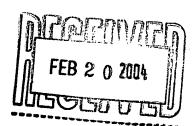
THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Docket No.

03500.013982.

Examiner: E. Slobodyansky

Group Art Unit: 1652



Date: February 3, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

George K. Ng. Reg. No. 54,334

(Name of Attorney for Applicant)

Sen K. Z.

Date of Signature

No additional fee is required.

The fee has been calculated as shown below

	•	C	LAIMS AS AMEN	IDED		,
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 132	MINUS	** 120	12	x \$9 \$18	\$216.00
INDEP. CLAIMS	* 9	MINUS	***	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
ij			TOTAL ADDITI			\$216.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

•	and the second s
	Verified Statement claiming small entity status is enclosed, if not filed previously.
X	A check in the amount of \$\(\frac{216.00}{} \) is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant

Registration No. 54, 334

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200 Form #120

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